



State of Connecticut
Department of Developmental Services

DDS

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**DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE**

February 27, 2013

Senator Gerratana, Representative Johnson, and members of the Public Health Committee. I am Terrence W. Macy, Ph.D., Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to testify on **Proposed S.B. No. 129 AN ACT CONCERNING THE HARTFORD REGIONAL CENTER OPERATED BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES**. This bill would prohibit the Department of Developmental Services (DDS) from closing the Hartford Regional Center (HRC) located in Newington.

First and foremost, I would like to say that I respect the people who call the regional centers their home as well as the staff who support them. While there is no current plan to close any of DDS's five regional centers or Southbury Training School (STS), DDS is opposed to this legislation for several reasons. I want to provide some background on both the regional centers and the process that Southbury Training School is using to allow residents to move into the community.

As of January 31, 2013, there were 370 residents of Southbury Training School (STS) and 199 individuals living in the department's five remaining regional centers, including 49 individuals at the Hartford Regional Center. As outlined in DDS's current Five Year Plan (2012-2017), DDS believes that utilizing a process similar to the team training model required by the Settlement Agreement in *Messier v. Southbury Training School* would be beneficial at the regional centers. This was also one of the recommendations of the Legislative Program Review and Investigations Committee's study on the "Provision of Selected Services for Clients with Intellectual Disabilities: Staff Findings and Recommendations, December 20, 2011".

The Settlement Agreement requires that teams supporting people living at STS exercise professional judgment regarding recommendations on the most integrated setting in which the needs of each person can be met. The department believes that this process provides individuals and their families or guardians with the means to make what is called an "informed choice" regarding the most appropriate and integrated setting for each individual. The chance for individuals and their families to find out what opportunities are available for them in the community is a critical first step in determining the best next step for each person. Because the department is fully committed to ensuring person-centered supports for individuals (focusing on the strengths and gifts of an individual and putting that person in charge of

defining the direction of his or her own life), the plan is for any transition to a community placement to occur in a thoughtful and planful way.

Our Staff has been discussing the option of community placement at annual planning meetings for individuals residing in the five Regional Centers and the appropriateness of such placements are evaluated by the team. Specific to Hartford Regional Center, dozens of referrals have been made to vacancies in the private provider community. Seven residents moved to Community Living Arrangements (CLAs) in 2012 and four more are scheduled to move.

We have heard the argument against community placement for individuals who are residing in regional centers or STS which says that the residents have needs that cannot be met in any other settings. DDS respectfully disagrees. In an analysis of where individuals with intellectual disability live, who have various levels of need (LON) on a scale of 1 to 8, with 1 being the lowest LON and 8 being the highest LON, there are far more individuals living successfully in the community, in both public and private placements, that have the same or higher levels of need than those individuals living at a regional center or at STS.

LON Overall Home Scores By Score and Residential Setting*					
LON Home Score	Regional Center	Public CLA	Private CLA	Family with Supports	Family with no Supports**
0	0	0	0	0	2
1	0	3	23	89	843
2	0	15	102	138	886
3	2	27	296	143	662
4	11	28	353	96	275
5	42	81	871	203	601
6	41	80	736	141	232
7	94	135	882	250	387
8	9	5	63	19	26
Total	199	374	3,326	1,079	3,914

*Based on data as of 1/31/2013 for individuals aged 18 and over with a LON Assessment

** For individuals living with their Family and receiving no residential supports 3,914 of a total of 4,923 have a LON Assessment. There are a total of 1,009 individuals with no LON Assessment.

At one time, in Connecticut, regional centers were considered to be a model in the care and support of individuals with intellectual disability. They were a smaller institution in closer proximity to where individuals' families lived, in comparison to STS and Mansfield Training School. This was not a model that was adopted by most states across the country. Today, appropriate services and supports in the least restrictive setting are usually in the community. Regional centers are DDS's most expensive service model and one of the most expensive models nationally. The individuals we serve and their families have a right to explore community placements, choose where they want to live and who they want to provide the services. This is often referred to as portability and is required as a basic tenet of our service system.

Transition out of institutional settings is work that I have been doing my whole career. My experience is that individuals with intellectual disability, even those with significant challenges, make these transitions well. It is not uncommon for family members to have a more difficult time with a proposed residential change, than the individual. Most often, families are happy after the transition has taken place and they see their loved one thriving in the new community setting.

People have been transitioning out of institutional settings across the nation for years. Over half of the states no longer have any institutions. Alabama is the latest state to close their last institution. States with remaining institutions have aggressive community placement programs underway. In Connecticut, people have successfully transitioned out of six institutions since the late 1980s.

Both the Department of Justice (DOJ) and the Centers for Medicare and Medicaid Services (CMS) are taking increasingly stronger positions about what services are community-based and which ones are not. Our regional centers are seen as segregated facilities that provide care which could be provided in the larger community. Many other states are currently dealing with DOJ lawsuits over their institutional settings and have implemented an aggressive closure policy.

Requiring DDS to keep open the regional centers indefinitely would hinder the evolution of DDS services from more costly segregated services to less expensive more flexible alternatives. DDS is committed to working with individuals and their families to assure that any alternative placements are appropriate and responsive to their individual needs.

Thank you for the opportunity to testify on SB 129. Please contact Christine Pollio Cooney, Director of Legislative and Executive Affairs at (860) 418-6066 with any questions.